

**Town of Dagsboro**  
**Residential Building Permit Application**  
 33134 Main Street, P.O. Box 420  
 Dagsboro, DE 19939  
 (302) 732-3777

**PERMIT #**

**Property Owner Information**

NAME \_\_\_\_\_  
 MAILING ADDRESS \_\_\_\_\_  
 PHYSICAL ADDRESS \_\_\_\_\_  
 PHONE # \_\_\_\_\_  
 BUILDING SITE ADDRESS \_\_\_\_\_  
 SUBDIVISION / LOT # \_\_\_\_\_  
 TAX MAP PARCEL # \_\_\_\_\_  
 ZONING DISTRICT \_\_\_\_\_

**Builder/Contractor Information**

NAME \_\_\_\_\_  
 MAILING ADDRESS \_\_\_\_\_  
 PHONE NUMBER \_\_\_\_\_  
 TOWN BUSINESS LICENSE # \_\_\_\_\_  
 STATE BUSINESS LICENSE # \_\_\_\_\_

**TYPE OF IMPROVEMENT**

**DESCRIPTION (Be Specific)**

New Building \_\_\_\_\_  
 Addition \_\_\_\_\_  
 Alteration \_\_\_\_\_  
 Repair \_\_\_\_\_  
 Replacement \_\_\_\_\_  
 Demolition \_\_\_\_\_  
 Moving (Relocation) \_\_\_\_\_  
 Garage / Carport \_\_\_\_\_  
 Shed \_\_\_\_\_  
 Deck \_\_\_\_\_  
 Pool \_\_\_\_\_  
 Fence \_\_\_\_\_  
 Other \_\_\_\_\_

**Electrical**

Install  
 Alter  
 Repair  
 Remove  
 Convert  
 Replace

**Gas**

Install  
 Alter  
 Repair  
 Remove  
 Convert  
 Replace

**Mechanical**

Install  
 Alter  
 Repair  
 Remove  
 Convert  
 Replace

**Plumbing System**

Install  
 Alter  
 Repair  
 Remove  
 Convert  
 Replace

**DESCRIPTION:** \_\_\_\_\_  
 \_\_\_\_\_

**LOT DIMENSIONS**      Width: \_\_\_\_\_      Depth: \_\_\_\_\_      SQFT: \_\_\_\_\_

**SETBACKS**

Front \_\_\_\_\_  
 Back \_\_\_\_\_  
 Right Side \_\_\_\_\_  
 Left Side \_\_\_\_\_

**Principal Type Frame:**  
 Masonry  Wood  Structural Steel  Reinforced Concrete  Other \_\_\_\_\_

**Dimensions:**  
 \_\_\_\_\_ # of Stories      \_\_\_\_\_ # of Bedrooms      \_\_\_\_\_ # of Bathrooms

**FEE SCHEDULE:**

**A.**  
**NEW RESIDENTIAL CONSTRUCTION (ONLY):**  
**TOTAL SQUARE FOOTAGE:** \_\_\_\_\_  
**TOTAL PROJECT COST:** \_\_\_\_\_

Permit Fee:	Sq Ft Construction Cost per Current ICC Building Valuation Data X 1%	\$ _____	
Water Meter	Radio Read Meter Residential \$250	Meter Size _____	
	Fire Suppression System	Meter Size _____	
Water Impact Fee	\$3,000 per EDU	# of EDU's _____	
New Service Connection	\$2,600 per connection		
Capital Improvement Impact Fee	\$2,500 per EDU	# of EDU's _____	
Fire Dept. Impact Fee	Total Project Cost X .25%	\$ _____	Not to exceed \$2,500
Amb Service Impact Fee	Total Project Cost X .25%	\$ _____	Not to exceed \$2,500

**Total Due \$** \_\_\_\_\_

**B. ALL OTHERS:**

**Total Cost of Improvements:** \$ \_\_\_\_\_ X 1% = \$ \_\_\_\_\_

**Total Due:** \_\_\_\_\_  
**Minimum \$50.00**

**Where permanent street grades have been established by the Town, sidewalks and curbing shall be installed at the expense of the Owner or Builder under the building contract. The contractor and/or owner shall comply in design, construction and use of the proposed work, with all codes and ordinances of the Town of Dagsboro, as well as the State Fire Codes and other applicable State and/or County Regulations.**

**The following documents must be attached prior to receiving a Town Permit:**  
**2 Copies of Plans & Specifications (electronic copy may be requested)**  
**Survey of Property**  
**Contractor/Sub-Contractor's Dagsboro Business License**

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**REQUIREMENTS**

All contractors must be licensed by the State of Delaware and the Town of Dagsboro.  
 All sub-contractors must be licensed by the State of Delaware and the Town of Dagsboro.  
 If one is acting as their own general contractor and they are not normally engaged in that line of business, they must ensure all sub-contractors are properly licensed.  
 Building permit fees, impact fees, and meter fees must be paid at the time of the submission of the application.

- Sussex County Planning & Zoning Dept. (302) 855-7878
- Sussex County Building Code Dept. (302) 855-7860
- Sussex County Building Permit Dept. (302) 855-7720
- Sussex County Water & Sewer Dept. (302) 855-7719
- Sussex Conservation District (302) 856-7219
- State of DE – Business License (302) 856-5358

Building Inspector: \_\_\_\_\_  
 Approved  
 Denied Reason: \_\_\_\_\_

Date Issued: \_\_\_\_\_ Permit # \_\_\_\_\_

Certificate of Occupancy Issue Date: \_\_\_\_\_